## LISCION STYFO

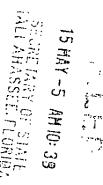
(Re	questor's Name)	<u>.</u>
(Ad	dress) ·	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300272437963

05/05/15--01004--014 \*\*25.00



## **COVER LETTER**

Division of Cor			
Giant Merc	chandaising LLC		
SUBJECT.	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submondence concerning this matter	<u>-</u>	
	J Slomianski		
	<del></del>	Name of Person	
	Giant Merchandaising LLC	Ç	
	······	Firm/Company	<del></del>
	6538 COLLINS AVE. un	it 606	
		Address	
	Miami fl 33141		
		City/State and Zip Code	<u> </u>
	jimmysloms@gmail.com E-mail address: (t	to be used for future annual report notifi	(cation)
For further information of	concerning this matter, please ca	•	
j slomianski		305 7903903 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &. Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Giant Merchandaising LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/03/2015	and assigned
Florida document number L15000059480	<del></del>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		75
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the nev
		33 th 200
Name of New Registered Agent:		The state of the s
New Registered Office Address:		
	Enter Florida street address	22 ii
	, Florida	(S)
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	GLOBAL HOLDINGS UNLIMITE	258 PARK DRIVE				
		Bal Harbour Fl 33154	■ Remove			
			Change			
MGR	GHUC	6538 collins Avenue # 606	<b>=</b> Add			
		Miami, Fl 33141	□ Remove			
			☐ Change			
			Add			
			☐ Remove			
			Change			
			Change Change			
			Change			
			Add			
			Remove			
			☐ Change			

_			····			_		····		<del>_</del>
					_					
_										_
_										_
_			<del></del>					,		<del></del>
_										—
_			_							
_										
-	<u> </u>		<u></u>			·· <del>·</del>				<del>_</del>
_	· -, <u>-</u> ,	-								
_			<del></del>							
_								<del></del>		<del></del>
										<u>_</u>
		-	<del></del>			_			-	
-		<del></del> ·	<del></del>				<u>.                                 </u>			<del></del>
_					_					
-	<del></del>							· · · · · · · · · · · · · · · · · · ·		
_	**************************************	<del></del>					, <u>,</u>			
									ا الم	<del>S</del> i
ffecti	ve date, if otl	er than th	e date of fi	ling:				_ (optional	)   李嶽	<b>.</b>
an eff lote:	ective date is listed If the date inse	ed, the date m rted in this l	ust be specific olock does n	and cannot be of meet the a	e prior to date applicable s	of filing or r tatutory filii	nore than 90 : ng requirem	days after filing ents, this date	g ) Pursuant to e will not be	o 605:020 e listed a
ocum	ent's effective	date on the	Department (	of State's red	cords.			,		S
									<u> </u>	A
	ord specifie				ut not an	effective	time, at 1	l2:01 a.m.	. on th <u>e</u> e	afjjer o
The	90th day af	ter the re	cord is file	₃đ.					22 <b>&gt;</b>	ယ္
	April 30			2015					<b>&gt;</b>	
ated				/ <del></del>	·					
				1						
			Signature (	a member o	r authorized	representativ	e of a membe	er	<u></u>	_
						-				

Page 3 of 3

Filing Fee: \$25.00